Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

Project Status Description

Item: SAC 448031

County/State: Sabine, TX

Total Award Amount: \$280,639.98

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

Protection Co.	Fund - §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448032	
<015>	Study Area Name	Texas 10, LLC	Asserted / Sund
<020>	Program Year	2016	Accepted / Filed
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	JUN 172016
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Federal Communications Commission Office of the Secretary
-020-	Contact Email:		
<039>	Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
<039>		cstrauspaugn#cellonenation.com	
<040>			<u>//N)</u> <040>
	Email of the person identified in data line <030>	been provided with a Form 481 filing (\)	//N) <040>
	Email of the person identified in data line <030> Has the information required pursuant to §54.1009	been provided with a Form 481 filing (\) ed with the Form 481 reporting	

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ler Contact Form			FCC Form 690
				Approved by OMB OMB Control No. 3060-1185
				Page 2 of 8
<010>	Study Area Code		448032	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact reg		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person Contact Email Address - Email Address of person		6105356474 ext.	
	Contact Email Address - Email Address of person	identified in data line 10502	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>	Street Address (or PO Box)	1170 Devon Park Dri	ve, Suite 104	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number			
<118>	Fax Number	6105356474 ext.		
<119>	Email Address	6106885209		
11137	Email Address	cstrausbaugh@cellon	enation.com	
Contact In	formation			
	if same as above, indicate in this box	✓		
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh		
<121>	Filing Carrier Name	Texas 10, LLC		
<122>	Street Address (or PO Box)	1170 Devon Park Dri	ve. Suite 104	
<123>	City	Wayne		
<124>	State	PA		
<125>	Zip-Code	19087		
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellon	enation.com	
<u>Authorize</u>	d Agent Information			
	if no agent, indicate in this box	<u> </u>		
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address	<u></u> -		7.

(060) Coverage and Performance Report	FCC Form 690
(000) 0010.080 000 000 0000000000000000000000	· × · · · ·
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	OMB Control No. 3060-1185
	GIVID CONGULATO, 3009 2153
	Page3 of 8

<010>	Study Area Code	448032
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2015 - 07/2016	

	448032_CPRd_TX.zip
Coverage and Performace attachments	

<a1> <a2> <a3> <b1> <b2> <141> Total Road Road Certify that Miles per Miles Coverage and Road Performance data Resident Total Resident | Miles Census covered Population Population Block is uploaded Resident per per Population per Newly Reached Reached by Census Newly Census (Yes/no) Census Block Census Block Block Block State County by Service Service Reached -- See attached worksheet

•	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(U/U) CII	All Mate Companions	Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	448032
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016

Chad Strausbaugh 6105356474 ext.

cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Ce	ertification of Officer or	Employee as to Compliance with 47	CFR §54.1009(a)(4)
I certify that I am an officer or employee of form and in any attachments is accurate.	the reporting carrier; my res	ponsibilities include ensuring compliance	with 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier: Texas	10, LLC		
Signature of Authorized Officer:			Date
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	448032	Filing Due Date for this form:	07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier		
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting	
carrier. I also certify that I am an officer or employee of the rep	orting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the	
authorized agent; and, to the best of my knowledge, the report	s and data provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer or Employee:	Date:	
Printed name of Authorized Officer or Employee:		
Title or position of Authorized Officer or Employee:		
Telephone number of Authorized Officer or Employee:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
	unished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment nder Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

<030> Contact Name - Person USAC should contact regarding this data

<035> Contact Telephone Number - Number of person identified in data line <030>
 <039> Contact Email Address - Email Address of person identified in data line <030>

Certification of Agent Author	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier			
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.				
Name of Reporting Carrier:				
Name of Authorized Agent Firm:				
ignature of Authorized Agent or Employee of Agent:	Date:			
Name of Authorized Agent Employee:				
Title or position of Authorized Agent or Employee of Agent				
elephone number of Authorized Agent or Employee of Ag				
itudy Area Code of Reporting Carrier:	Filing Due Date for this form:			

(080) Triba	il Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448032	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding this	data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified i		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified	in data line <030>	cstrausbaugh@cellonenation.com	
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	ame of Attached Docum	ent (.pdf)	
	If your company serves Tribal lands, please select (Yes, No, each of these boxes to confirm the status described on the PDF, on line 145, demonstrates coordination with the Triba government pursuant to § 54.1004 includes:	attached al	Select	

		Select
		(Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	: Update information	FCC form 690 Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	448032
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
_	-	
<202>	Total Mobility Fund Support Awarded	244530.00
<203>	Total Mobility Fund Support Disbursed	225187.68
<210>	Actual Completion Date	07/29/2015
<211>	Project Status Description (attached)	448032_PSD_TX.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	{Name of PDF attachea}
	211, contains a project status pursuant to \$54.1005(b)(2)(v). The information	
	• • • • • • • • • • • • • • • • • • • •	
2212s	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	 '
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	<u> </u>
<215>	Status of Network Deployment - Maintenance	/
<216>	Project Blog Status	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
<217>	Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service?	36 046

<010>	Study Area Code	448032
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.					
Name of Reporting Carrier: Texas 10, LLC					
signature of Authorized Officer:	Date				
Printed name of Authorized Officer:					
itle or position of Authorized Officer: Staff Counsel					
Telephone number of Authorized Officer: 6105356474 ext.					
Study Area Code of Reporting Carrier: 448032	Filing Due Date for this form: 07/01/2016				

1100) Certification - Agent / Carrier FCC Form 6	00
V-021 00101001011 1-001-1 1-001-1	
Approved b	
OMB Contro	ol No. 3060-1185
Page 8 of 8	

<010>	Study Area Code	448032
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

certify that (Name of Agent)is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.						
Name of Authorized Agent:						
Name of Reporting Carrier:						
Signature of Authorized Officer:	Date:					
Printed name of Authorized Officer:						
Title or position of Authorized Officer:						
Telephone number of Authorized Officer:						
Study Area Code of Reporting Carrier:	Filing Due Date for this form:					

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Author	rized to File for Mobility Fund Recipients on Behalf of Rep	oorting Carrier
	orized to submit the reports for Mobility Fund recipients on behalf carrier; and, to the best of my knowledge, the information reporte	
lame of Reporting Carrier:		
lame of Authorized Agent Firm:		
ignature of Authorized Agent or Employee of Agent:		Date:
ame of Authorized Agent Employee:		
tle or position of Authorized Agent or Employee of Agent	t	
elephone number of Authorized Agent or Employee of Ag	gent:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

forett framerica and the demonstration forest	FCC	Form 690
(060) Coverage and Performance Report		
	App	roved by OMB
	0.00	0.6
	UM	B Control No. 3060-1185

<010>	Study Area Code	448032
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2015 - 07/2016

<141>

<a1></a1>	<a2></a2>	<a5></a5>	<b1></b1>	<b2></b2>	dis>	<c1></c1>	<c2></c2>	<63>	<₩:
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
TX	Sabine	0000	0	0	0	0.0	0.0	0.0	Yes
				ļ					

Percentage of
Total Population
Reached by
Service

0		

Percentage of Total Road Miles covered by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

Project Status Description

Item: SAC 448032

County/State: Sabine, TX

Total Award Amount: \$244,530.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

100000000000000000000000000000000000000	Fund §54.1009 Annual Reporting ection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448033	Accepted / Filed
<015>	Study Area Name	Texas 10, LLC	/ tooptou/ riigu
<020>	Program Year	2016	JUN 172016
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	Federal Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
		uespeineste studioene utemate valleste sõvaluseste uudinks vaaduud te seesalud.	
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y	<u>/N)</u> <040>
	<041> Attach a description of the documents fil	ed with the Form 481 reporting	<041>
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area co	ver tribal lands? Yes or No)	O •

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

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			•	
(050) Carr	ler Contact Form		59 	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
			110000	
<010>	Study Area Norse		448033 Texas 10, LLC	4.00
<015> <020>	Study Area Name Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding	ng this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person iden		6105356474 ext.	
<039>	Contact Email Address - Email Address of person idea	ntified in data line <030>	cstrausbauch@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>	Street Address (or PO Box)	1170 Devon Park Dri	ve, Suite 104	
<114>	City	Wayne		
<115>	State	PA		
<116>				
<117>	Zip-Code Telephone Number	19087		
<118>	Fax Number	6105356474 ext.		
<119>	Email Address	6106885209		
11132	Linan Address	cstrausbaugh@cellon	enation.com	
Contact In	iformation if same as above, indicate in this box]		
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh		
<121>	Filing Carrier Name	Texas 10, LLC		
<122>	Street Address (or PO Box)	1170 Devon Park Driv	ve. Suite 104	
<123>	City	Wayne		
<124>	State	PA		
<125>	Zip-Code	19087		
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellon	enation.com	
Authorize	d Agent Information if no agent, indicate in this box]		
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
				1.00
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			

(060) Cov	verage and Performance Report	FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448033
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2015 - 07/2016	
	448033_CPRd Coverage and Performace attachments	TX.zip

<a1>.</a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
				Resident	Total Basidant	Road	Road Miles per Census	Total Road Miles	Certify that Coverage and Performance
			Resident Population per		Total Resident Population Reached by	Miles per Census	Block Newly	covered per Census	is uploaded (Yes/no)
itate	County	Census Block	Census Block	by Service	Service	Block	Reached	Block	(165)116)
						<u> </u>	ļ	ļ	
			5	ee attach	<u>ed worksl</u>	heet	ļ		
	-				<u></u>		<u> </u>		
	-					-			
						<u> </u>	 		+

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
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	Approved of Onio
	Acta a little mark case
	OMB Control No. 3060-1185
	Page 4 of 8

<010>	Study Area Code	448033
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

	'autification of Offices on	Employee as to Compliance with 47	CER SEA 1000(a)(A)		
Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4) certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this					
form and in any attachments is accurate.					
Name of Reporting Carrier: Texa	s 10, LLC		p		
Signature of Authorized Officer:			Date		
Printed name of Authorized Officer:	Chad Strausbaugh				
Title or position of Authorized Officer:	Staff Counsel				
Telephone number of Authorized Officer:	6105356474 ext.				
Study Area Code of Reporting Carrier:	448033	Filing Due Date for this form:	07/01/2016		
Persons willfully making false statemen		by fine or forfeiture under the Communications e 18 of the United States Code, 18 U.S.C. § 1001	Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment		

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the report	ing carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports ar	nd data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	thed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment r Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authori	o File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
l, as agent for the reporting carrier, certify that I am autho data provided by the reporting carrier; and, to the best of i	o submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on weldge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Age	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

(080) Triba	il Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448033	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identif		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identi	fied in data line <030>	cstrausbaugh@cellonenation.com	
<142> <143>	County		·	
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached Docum	ent (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCC Form 690 Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
		Fagcevio
<010>	Study Area Code	448033
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	367071.95
<203>	Total Mobility Fund Support Disbursed	359106.49
<210>	Actual Completion Date	08/13/2015
<211>	Project Status Description (attached)	448033_PSD_TX.pdf
	, , ,	
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	<u> </u>
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?) 26 O 46
<719>	Network will Support 3G/4G Mobile Service ?) 3G () 4G

(101) Cer	tification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	448033
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
	···	

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.					
Name of Reporting Carrier: Texas 10, LLC					
Signature of Authorized Officer:	Date				
Printed name of Authorized Officer: Chad Strausbaugh					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer: 6105356474 ext.					
Study Area Code of Reporting Carrier: 448033	Filing Due Date for this form: 07/01/2016				

	FCC Form 690
(102) Certification - Agent / Carrier	PLL FORM 55U
()	
	Approved by OMB
78.2	Approved by Onio
	OMB Control No. 3060-1185
	Colles Colleges (10), Sector 2209
	Page 8 of 8

<010>	Study Area Code	448033
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

certify that (Name of Agent)is authorized to submit the information reported on behalf of the reporting carrier. I lso certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized gent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer:	Date:			
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier				
l, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.				
Name of Reporting Carrier:				
Name of Authorized Agent Firm:				
Signature of Authorized Agent or Employee of Agent:		Date:		
Name of Authorized Agent Employee:				
Title or position of Authorized Agent or Employee of Ager	nt			
Telephone number of Authorized Agent or Employee of A	gent:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
Persons willfully making false statements on this form	can be punished by fine or forfeiture under the Communications Act of 1 18 of the United States Code, 18 U.S.C. § 1001.	1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title		

Attachments

060) Coverage and Performance Report	F	CC Form 690
	Α	pproved by OMB
and the second of the second o	0	MB Control No. 3060-1185

<010>	Study Area Code	448033
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2015 - 07/2016
<140>	Coverage and Performance Report Year	08/2015 - 07/2016

 call
 <th Certify that **Total Road** Coverage and **Road Miles** Resident **Total Resident** Miles Performacne per Census Resident Population Population **Road Miles** covered per data is uploaded Newly Reached by Service per Census Block Newly Population per Reached by Census Block (yes/no) Census Block Census Block Service Block Reached County Sabine State 0000 0.0 0 0

> Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

0	

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

Project Status Description

Item: SAC 448033

County/State: Sabine, TX

Total Award Amount: \$367,071.95

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.